

X-RAY REPORT REQUEST

TO: **Drug Treatment Program Coordinator**
TB Control
Department of Health Services
County of San Diego
(619) 692-5668 FAX: (619) 692-5650

FROM: **TB Screening Coordinator**
YOUR PROGRAM
STREET
CITY, CA ZIP
(000) 000-0000 FAX: (000) 000-0000

| <i>Clients Name</i> | <i>Date of Birth</i> | <i>X-ray Referral Date</i> | <i>X-ray Date (if known)</i> | <i>TB Control Comments</i> |
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